

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/018987	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5	1		1			
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42	1					
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50						
TOTAL IND.	2		2			
TOTAL DEP.	4		4			
TOTAL CLAIMS	6		6			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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